

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 OF 324

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**21st Century Democrats**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Levine, Linda, R, ,**

Mailing Address 318 N Sunnyside Ave

City  
South Bend

State  
IN

Zip Code  
46617-2435

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 13 / 2019

Transaction ID : C7140206

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Levine, Lois, , ,**

Mailing Address 101-G Clark Street Duplex 2

City  
Brooklyn

State  
NY

Zip Code  
11201

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

LOIS J. LEVINE

Occupation (for Individual)

CLINICAL SOCIAL WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 12 / 2019

Transaction ID : C7140122

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Levine, Lois, , ,**

Mailing Address 101-G Clark Street Duplex 2

City  
Brooklyn

State  
NY

Zip Code  
11201

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

LOIS J. LEVINE

Occupation (for Individual)

CLINICAL SOCIAL WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2019

Transaction ID : C7154835

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2225.00